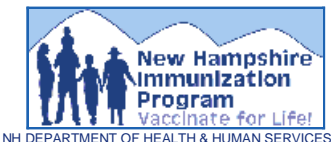


NH Division of Public Health Services

Department of Health Human Services - NH Immunization Program

2015 NH Annual Child Care Immunization Report



1. Person Completing Form

Email Address

2. Child Care Center Name:

3. LAST FOUR DIGITS of child care license:

4. If you feel you have received this report in error, please check the reason(s) below, *STOP HERE and SUBMIT REPORT*:

- ☐ Site is closed.
- ☐ All at this site are counted in the NH School Immunization Report.
- ☐ All children at this site are over 72 months of age.
- ☐ Other. Please specify _____

5. Type of child care:

- ☐ Family ☐ Head Start ☐ Day Care Nursery
- ☐ Family Group ☐ Group Child Day Care ☐ After School Program
- ☐ Preschool ☐ Group Home ☐ Other. Please specify: _____
- ☐ Kindergarten

6. Total number of children enrolled: (subtract children who attend school and will be counted in the school immunization report)

This number must match the sum of TOTAL NUMBER OF CHILDREN in age group column in the table below. DO NOT COUNT school aged children who will be counted in the 2015 NH School Immunization Report. (e.g. if there are 25 children at your site and 3 are after-school only, the total number of children you are reporting is 22).

10. Record the NUMBER OF CHILDREN (NOT the number of doses) in each age group who are up-to-date for each vaccine listed.

	TOTAL Number of Children in Age Group	DTaP	Polio	HepB	HIB	MMR	Varicella	Medical Exempt	Religious Exempt	Cond Enrolled	Not in Compliance
Children Age 2-3 months											
Children Age 4-5 months											
Children Age 6-14 months											
Children Age 15-17 months											
Children Age 18-47 months											
Children Age 48-72 months											

7. PHYSICAL Address:

Physical Address Line 1

Physical Address Line 2

City/Town

State Zip County

8. MAILING Address, if different from physical address:

Mailing Address Line 1

Mailing Address Line 2

City/Town

State Zip County

9. Contact Information

Director's Name

Phone Number

Instructions for the 2015 NH Annual Child Care Immunization Report

If you have internet access, you may submit your report electronically at: <https://novisurvey.net/ns/n/zzku2.aspx>

Please be sure to:

- complete all information and read the instructions for each question,
- do not submit the child's individual immunization records,
- if you receive a report for more than one location, do not combine numbers, but complete a report for each,
- submit only one report per license per year (additional vaccines will be reported the following year), and
- return reports by **NOVEMBER 15, 2015**.

Failure to submit an annual child care immunization report per RSA 141-C:20-e will be reported to the Commissioner of the Department of Health and Human Services.

Question 1 - Enter your name and your business email address.

Question 2 - Enter your child care name *as it appears* on your NH Child Care License.

Question 3 - Enter the LAST FOUR DIGITS of your NH State Child Care License.

Question 4 - If applicable, enter the reason(s) you did not complete the report. *Stop here* and submit your report.

Question 5 - Check each category of child care that you are licensed to operate.

Questions 6, 10 - The total number of children enrolled, up to age 72 months, should be the same as the total of the children in each age group (the sum of column 1 in the table). Do not count children who attend school (they will be counted in the annual school immunization report).

Questions 7, 8 - Enter both physical and mailing address, if different. Include zip code and county.

Question 9 - Enter director's name; the director should review the report. Enter complete business phone number.

Question 10 - Complete each box as labeled, with the number of CHILDREN in each age group who are up to date for each vaccine (not the number of vaccines). Children are required to be up to date **or** should have an exemption or are conditionally enrolled - see definitions below. The total in each row should equal the total number of children in that age group. **Use the table below to determine if a child has had all the required immunizations for his/her age.**

Child's current age	Child should have received:
2 - 3 months	1 dose of DTaP, Polio, Hib 2 doses of HepB
4 - 5 months	2 doses of DTaP, Polio, Hib, HepB
6 - 14 months	3 doses of DTaP, Polio, Hib, HepB
15 - 17 months	4 doses of Hib 3 - 4 doses of DTaP 3 doses of Polio, HepB 1 dose of varicella and MMR
18 - 47 months	4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of varicella and MMR
4 - 6 years	4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of varicella and MMR**

* Some children who start the Hib vaccine series late may need fewer than 4 doses; Hib is not required for children age 5 and older

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of varicella and MMR are required.

Conditionally enrolled - child has documentation of at least one dose of each required vaccine and an appointment for the next due dose(s).

Medical Exemption - documentation from child's doctor that the child is unable to receive a vaccine for medical reasons.

Religious Exemption - requires notarized form from parent stating their objection to vaccine(s) for religious reasons.

If questions, contact the New Hampshire Immunization Program at 603-271-4482 or 1-800-852-3345.

Thank You!